

Adjustment made after OFIS review.



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2004
OF THE CONDITION AND AFFAIRS OF THE

Upper Peninsula Health Plan, Inc.

NAIC Group Code	0000	NAIC Company Code	52615	Employer's ID Number	38-3379956
	(Current Period)	(Prior Period)			
Organized under the Laws of	Michigan	State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America				
Licensed as business type:	Life, Accident & Health []	Property/Casualty []	Dental Service Corporation []		
	Vision Service Corporation []	Other []	Health Maintenance Organization []		
	Hospital, Medical & Dental Service or Indemnity []	Is HMO, Federally Qualified? Yes []	No []		
Date Incorporated	10/14/1997	Commenced Business	08/01/1998		
Statutory Home Office	228 W. Washington St.	Marquette, MI 49855			
	(Street and Number)	(City or Town, State and Zip Code)			
Main Administrative Office	228 W. Washington St.	906-225-7500			
	Marquette, MI 49855	(Area Code) (Telephone Number)			
	(City or Town, State and Zip Code)				
Mail Address	228 W. Washington St.	Marquette, MI 49855			
	(Street and Number or P.O. Box)	(City or Town, State and Zip Code)			
Primary Location of Books and Records	228 W. Washington St.	906-225-7491			
	Marquette, MI 49855	(Area Code) (Telephone Number)			
	(City or Town, State and Zip Code)				
Internet Website Address	www.uphp.com				
Statutory Statement Contact	Patrick N. Thomson CPA	906-225-7491			
	(Name)	(Area Code) (Telephone Number) (Extension)			
	pthomson@uphp.com	906-225-7690			
	(E-mail Address)	(FAX Number)			
Policyowner Relations Contact	228 W. Washington St.	906-225-7500			
	(Street and Number)	(Area Code) (Telephone Number) (Extension)			
	Marquette, MI 49855				
	(City or Town, State and Zip Code)				

OFFICERS

Name	Title	Name	Title
Dennis Smith	President	William Nemacheck	Secretary
Greg Gustafson	Treasurer		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

John Schon	James Bogan	William Nemacheck
Wayne Hellerstedt	Rick Wright	Robert Vairo
David Rencher	Michelle Tavernier	Jurgensen Eric

State of Michigan } ss
County of Marquette

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Dennis H. Smith President	William Nemacheck Secretary	Greg Gustafson Treasurer
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Subscribed and sworn to before me this	a. Is this an original filing?	Yes [] No [X]
22 day of November, 2004	b. If no,	
	1. State the amendment number	1
	2. Date filed	11/22/2004
	3. Number of pages attached	1

Tanya M. Jennings
Executive Assistant
October 11, 2007

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital & medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid	5,119,923	21,798,349	0	7,407,527	5,119,923	5,730,558
8. Other Health	12,548	31,840	0	26,379	12,548	11,472
9. Health Subtotal (Lines 1 to 8).....	5,132,471	21,830,189	0	7,433,906	5,132,471	5,742,030
10. Other non-health					0	0
11. Medical incentive pools and bonus amounts					0	0
12. Totals	5,132,471	21,830,189	0	7,433,906	5,132,471	5,742,030